



VERIFICATION OF ACCUMULATED SENIORITY CREDIT
Pursuant to Provincial Collective Agreement Article C.2.2

A continuing employee may port a maximum of ten (10) years of seniority from school districts in B.C. in which s/he was previously employed in a position covered by the Provincial Collective Agreement between the BCTF and BCPSEA.

This form must be received by your previous school district(s) within ninety (90) days of your appointment to a continuing contract. Exception is if the employee continues to hold 2 continuing part-time appointments simultaneously. Under this circumstance, the 90 days commences on the date of resignation/termination.

- I am porting from only one district. or I am porting from ___ districts.
I was on leave of absence for the period ___ to ___. (This must be filled in if you were employed in another district and accruing seniority during this period. See PCA Article C.2.5)
I am porting adult education seniority

I wish to port ___ years and/or ___ months and/or ___ days of seniority credit.

Employee Name (Please Print) Employee Signature Date Form Received

Previous School District(s) should complete the following:

Date Request for Verification received: _____

This is to certify that the above identified employee was employed in a position covered by the Provincial Collective Agreement between the BCTF and BCPSEA in a school operated by

School District No. ___ (_____).

At the time his/her active employment, this teacher held ___ years, ___ months, ___ days of seniority. This seniority was accrued on ___ lists.

Pursuant to this request, I have reduced this accumulation of seniority by ___ years, ___ months, ___ days.

Signature of Signing Officer Name and Title (Please Print) Date Form Received

Please forward the completed form directly to the attention of: Director, Human Resources School District No. 41 (Burnaby) 5325 Kincaid Street, Burnaby, B.C. V5G 1W2 or Fax: 604-664-8584

OFFICE USE ONLY
Employee Name: _____ Date Of Continuing Appointment: _____
Date Form Issued To Employee: _____ Initial: _____
Date Returned To Office: _____ Initial: _____
File: Employee File (Photocopy to be retained when provided to the employee and on return from the previous school district.)